

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018732	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.	19		4	
TOTAL DEP.							TOTAL DEP.	60		3	
TOTAL CLAIMS							TOTAL CLAIMS	79		7	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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